APPLICATION NUMBER

GROUP ART UNIT

EXAMINER

FILING DATE

CLASS SUBCLASS

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NOTICE OF ALLOWANCE MAILED		1	T i d Oleima		Print Claim for	
		- 1	Total Claims		O.G	
		Assistant Examiner				
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ISSUE FEE		_ _	Sheets Drwg. Figs.		g. Print Fig.	
Amount Due	Date Paid		·			
ı		Primary Examiner				
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TERMINAL DISCLAIMER			Application Examiner			
		PREPARED FOR ISSUE				
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